Docket No.: 4237-101

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled "DERMATOLOGICAL COMPOSITION," the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims. I acknowledge the duty to disclose information that is material to the patentability and examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56 (a).

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith:

> STEVEN J. HULTQUIST, REG. NO. 28,021 MARIANNE FUIERER, REG. NO. 39,983 TRISTAN FUIERER, REG. NO. 52,926

All correspondence in connection with this application should be sent to:

Steven J. Hultquist Intellectual Property/Technology Law P.O. Box 14329 Research Triangle Park, NC 27709 Telephone: (919) 419-9350

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine and/or imprisonment under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole Inventor: BRUCE KEVIN WAGONER

Residence Address:

Citizenship:

Mailing Address: